

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CA Working Families for Jerry Brown for Governor 2010, A Coalition of Public Employees, Firefighters, and Building Trades Organizations			Date of This Filing <u>06/04/2010</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable) 1324632	Report No. <u>001</u>			
STREET ADDRESS 					
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/04/2010	State Building & Construction Trades Council of CA PAC-SCC Sacramento, CA 95814 ID# 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00
06/04/2010	SEIU Political Education and Action Fund Washington, DC 20036 ID# 782200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,218.75
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CA Working Families for Jerry Brown for Governor 2010, A Coalition of Public Employees, Firefighters, and Building Trades Organizations			Date of This Filing 06/04/2010	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213)452-6565		I.D. NUMBER (if applicable) 1324632			
STREET ADDRESS			Report No. 001	Page 2 of 2	For Official Use Only
CITY Los Angeles			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STATE CA			No. of Pages 2		
ZIP CODE 90017					

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: